



ADVISORY NOTICE

No. 10-002

SUBJECT: Summary of changes to *Rhode Island Prehospital Care Protocols and Standing Orders*
(Effective November 1, 2010)

ISSUED: May 6, 2010

The Division of EMS has distributed updated *RI Prehospital Care Protocols and Standing Orders*, effective November 1, 2010. These updates include changes in patient care as well as a complete reformatting and reorganizing of the protocol book. Two protocols have been deleted: *Premature Ventricular Contractions (PVCs)* and *Radiation Exposure*.

The following summary of changes has been compiled as an aid to EMS providers and should be used to familiarize personnel with the revised protocols. Please note that this summary only describes the major changes made to each protocol, providers will find additional changes included throughout the protocols.

Instructions for Use of the Protocols

- A section was added with Instructions on Choice of Therapy, because we now have a choice of treatments and medications used for the same purpose or from the same class in several places. The intent is that the EMT will choose one drug within a class and use it properly, progress from least to most complex/invasive for treatment depending on patient condition, etc.

1.1 Standard Management of All Patients

- Pediatric patients are defined those persons younger than the age of 16. Various changes throughout the protocols clarify this status.
- A specific condition/destination table was added to aid in recognition of the proper destination for certain patient conditions.
- A pain assessment requirement was added to comply with Rhode Island law (see R5-37.6-PAIN.)
- Participants in the Patient Tracking System program may use electronic means to notify hospitals of stable patient transport.
- Deleted instruction to transport of patients with obstructed airway to non-hospital facilities.

2.1 Cardiac Arrest

- Changed airway management language.

2.2 Asystole

- Changed airway management language.
- Defined/clarified pediatric age as being < 16 years old.
- Added permission for EMT-Ps to administer CALCIUM CHLORIDE without Medical Control.

2.3 Bradycardia (Adult, Symptomatic)

- Made IV Infusion Pump option when administering DOPAMINE.

2.5 Chest Pain

- Name changed (was formerly “Chest Pain of Suspected Cardiac Origin”).
- Added reference to STEMI protocol.
- Added caution regarding Viagra and similar drugs.
- Added requirement for Medical Control before pediatric drug administration.
- ASPIRIN dose standardized to 160-325 mg, chewable preferred.
- Added ECG performance.
- Added/edited NORMAL SALINE bolus.
- Changed blood pressure checks to every 5 minutes after NITROGLYCERIN (was previously every 3 minutes.)
- Added FENTANYL for pain management (EMT-P only.)
- Changed MYLANTA.
- Removed prophylactic administration of LIDOCAINE.

2.6 Congestive Heart Failure (Pulmonary Edema)

- Edited definition of CHF.
- Added requirement for Medical Control before pediatric drug administration.
- ASPIRIN dose standardized to 160-325 mg, chewable preferred.
- Added ECG performance.
- Added ATROVENT if patient is wheezing (adults only, one dose only.)
- Made MORPHINE the primary narcotic in CHF due to vasodilation and other effects.
- De-emphasized FUROSEMIDE (Lasix) as it is no longer considered acutely helpful in CHF, and CHF is often misrecognized. LASIX can now only be administered to patients already prescribed FUROSEMIDE (Lasix), and only if they missed a dose, to a total of 80mg.
- Added NITROGLYCERIN paste (EMT-C and EMT-P) and IV NITROGLYCERIN (EMT-P only, IV pump only.)
- Reorganized to administer ATROVENT and ALBUTEROL after ECG and NITROGLYCERIN.

2.8 ST-Elevation Myocardial Infarction (STEMI)

- New protocol with guidance for transporting appropriate patients to PCI-capable hospitals.

2.9 Supraventricular Tachycardia (SVT) (Adult, Stable)

- Defined/clarified pediatric age as being < 16 years old.
- Made PVC-free tubing optional (though preferred) for administering AMIODARONE (IV Infusion Pump still required.)
- Added permission for EMT-Cs to administer DILTIAZEM with authorization from Medical Control.
- Added permission for EMT-Ps to administer DILTIAZEM *without* authorization from Medical Control.

2.10 Supraventricular Tachycardia (SVT) (Adult, Unstable)

- Defined/clarified pediatric age as being < 16 years old.
- Made PVC-free tubing optional (though preferred) when delivering AMIODARONE.

2.12 Supraventricular Tachycardia (SVT) (Pediatric, Unstable)

- Defined/clarified pediatric age as being < 16 years old.
- Made PVC-free tubing optional (though preferred) for administering AMIODARONE (IV Infusion Pump still required.)

2.13 Ventricular Fibrillation and Pulseless Ventricular Tachycardia (VT)

- Reorganized for clarity.
- Made PVC-free tubing optional (though preferred) for administering AMIODARONE (IV Infusion Pump still required.)
- Added permission to administer LIDOCAINE without Medical Control.
- Added multi-bolus option for administering LIDOCAINE therapy.
- Added permission to administer AMIODARONE bolus without Medical Control.
- Added permission to administer LIDOCAINE infusion without Medical Control.
- Added permission to administer MAGNESIUM SULFATE without Medical Control (EMT-Ps only.)

2.14 Ventricular Tachycardia (VT) (Stable)

- Changed IV Infusion Pump language.
- Made PVC-free tubing optional (though preferred) for administering AMIODARONE.

2.15 Ventricular Tachycardia (VT) (Unstable)

- IV pump language changed
- Made PVC-free tubing optional (though preferred) for administering AMIODARONE.

3.6 Poisoning and Overdose

- Removed IPECAC.

4.2 Airway Management and Respiratory Support

- Defined/clarified pediatric age as being < 16 years old.
- Added direction that OXYGEN be supplied as indicated by patient condition.
- Defined approved ventilation devices as CPAP, VPAP, BiPAP, and ventilators. Use is limited to EMT-Cs and EMT-Ps trained to use the specific device. The ambulance service and EMT assume responsibility and liability for use of approved ventilation devices.
- EMT-Bs and EMT-Cs trained and certified to intubate may do so only in cases of respiratory or cardiac arrest in patients >1 month of age unless instructed by Medical Control.
- EMT-Ps may perform advanced airway management of any patient at any age when indications are present.
- Transport of patients with airway obstruction to non-hospital facilities no longer allowed.

4.4 Asthma (COPD)

- Reorganized protocol.
- Added ATROVENT for all age groups
- Changed EPINEPHRINE route from SC to IM, as IM is considered more effective.

4.7 Impaired Consciousness

- Added intra-nasal (IN) route for NALOXONE (Narcan).
- Added permission for EMT-Bs to administer NALOXONE (Narcan) via IN or IM routes.
- Revised blood glucose and oral glucose language.

4.10 Seizures/Postictal State

- Revised definitions of seizures and postictal state.
- Revised oral glucose language.
- NALOXONE (Narcan) dose now progresses from small doses to allow effect without causing withdrawal complications.
- Added intra-nasal (IN) route for NALOXONE (Narcan).
- Added permission for EMT-Bs to administer NALOXONE (Narcan) via IN or IM routes.
- Added LORAZEPAM (Ativan).
- Returned VALIUM to protocol.
- Added intranasal (IN) route for MIDAZOLAM (Versed).

4.11 Seizures (Pediatric)

- Revised oral glucose language.
- Added LORAZEPAM (Ativan).
- Returned VALIUM to protocol.

4.12 Shock

- Made IV Infusion Pump option when administering DOPAMINE.

6.5 Interfacility Transfer

- Clarified provider roles.

7.1 IV Access and Admixtures

- Made PVC-free tubing optional (though preferred) for administering AMIODARONE.
- IV pump language edited to clarify when pumps are needed and when they are optional.

7.2 Advanced IV Access

- Added permission for EMT-Cs to use Intraosseous (IO) access.

8.7 Pain Management

- Made first dose of any pain management drug a standing order, with Medical Control authorization required for any subsequent doses.
- Added FENTANYL for pain management (EMT-P only.)

9.2 Medications (listed by generic name)

- Updated to reflect medications added to and removed from protocols.

Appendix 2: Telephone Reference

- Updated triage phone number for Memorial Hospital.

Appendix 3: Trauma Centers

- Updated list of Level 1 trauma centers.